

## **EXPEDITED HEARING NOTICE OF APPEAL**

Tennessee Division of Workers' Compensation www.tn.gov/labor-wfd/wcomp.shtml wc.courtclerk@tn.gov 1-800-332-2667

		Docket #:
		State File #/YR:
Em	ployee	
v.		
Emp	ployer	
<u>Notice</u>		
Notice is giv	ven that	
	[List name(s) of all appealing party(ie	s) on separate sheet if necessary]
appeals the	order(s) of the Court of Workers' Compensation	Claims at
	to the Wo	kers' Compensation Appeals
Board. [List	t the date(s) the order(s) was filed in the court c	erk's office]
Judge		
	of the Issues nort and plain statement of the issues on appeal	or basis for relief on appeal:
Additional I	Information se [Check the most appropriate item]	
<i>,</i> ,		
	<ul><li>Temporary disability benefits</li><li>Medical benefits for current injury</li></ul>	
	☐ Medical benefits under prior order issue	ed by the Court
<u>List of Partic</u> Appellant (F	es Requesting Party):At Hea	ring: □Employer □Employee
Address:		
	ne:E	
Attorney's N	Name:	BPR#:
Attorney's A	Address:	Phone:
	City, State & Zip code:	
	Email:	

<sup>\*</sup> Attach an additional sheet for each additional Appellant \*

Employee Name:	SF#:	DOI:
Appellee(s)		_
Appellee (Opposing Party):	At Hearing:	: □Employer □Employee
Appellee's Address:		
Appellee's Phone:	Ema	il:
Attorney's Name:		BPR#:
Attorney's Address:		Phone:
Attorney's City, State & Zip code:		
Attorney's Email:		
* Attach an add	itional sheet for each ad	ditional Appellee *
CERTIFICATE OF SERVICE		
I,	, certify that I have	forwarded a true and exact copy of this
Expedited Hearing Notice of Appeal by		
and/or their attorneys in this case in ac		
of Board of Workers' Compensation Ap	peals on this the	day of, 20
[Signature of appellant or attorney for	appellant]	